State of Wisconsin Department of Natural Resources Box 7921 Madison, WI 53707-7921

Capacity Evaluation for Non-Transient Non-Community Public Water Systems

Form 3300-246 (7/05)

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Notice: This form is authorized by s. 281.41, Wis. Stats., and s. NR 809.932(3), Wis. Adm. Code. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is punishable by administrative forfeitures imposed under s. 281.99, Wis. Stats., of not less than \$10 nor more than \$1,000 for each violation or by penalties imposed under s. 281.98, Wis. Stats., of not less than \$10 nor more than \$5,000 for each violation. Each day of continued violation is a separate offense (s. 281.98, Wis. Stats.). Personally identifiable information on this form is not intended to be used for any other purpose but may be made available to requesters under Wisconsin's Open Records law

This form is intended to ensure that non-transient non-community water systems comply with the requirements of Subchapter VIII of Chapter NR 809, Wis. Adm. Code. Section NR 809.931 requires that all new community and non-transient non-community water systems develop and maintain adequate financial, managerial, and technical capacity to meet the requirements of the federal safe drinking water act. A **non-transient non-community water system** is a water system that serves the same 25 persons, or more, over 6 months of the year but does not serve year-round residents.

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Facility Information														
This information is used to identify the non-community water system. The all ensuring the system is capable of me factory, a business, a restaurant, a cuthe Superintendent of Schools. The other systems is the systems of the systems	oility of the eeting the s ampground	Departn afe drinl l, an inc	nent to con king water a lustry, or a	nmunic act req combi	ate with in- juirements. nation of ty	dividuals Type o f pes of fa	responsible f f facility mea acilities on a jo	for the wate ns the facili oint well. Th	er syste ty is a f ne own e	m is a k acility s er for sc	ey com uch as a	a school, a		
Name of Facility								Telepho	Telephone Number					
Address								Number	of Emp	oloyees	(approx	imate)		
City					State	ZIP Code Number of Students (if day care or sch					e or school)			
Type of Facility						1								
Owner Information					Water S	Water System Operator Information								
Name					Name									
Address					Address									
City		State	ZIP Code		City	City				State	ZIP Co	de		
Telephone Number	Fax Numb	per			Telephone Number Fax Number									
E-mail Address					E-mail A	E-mail Address				Certification Number				
Water System Information														
This information is used to evaluate the design of the water system. Optio system, and construction of cluster water was a construction of cluster was a con	ns to be co													
Inticipated Well Pump Capacity Well Pump Type Well Discha					arge Type ve Ground ss Unit	e Ground Diaphragm or Blade								
Describe interconnection with other w	ater syster	ns.	•			•	·							
What options have been considered	other than o	construc	ting a sepa	arate w	ater syster	n?								
Has Department of Commerce appro						Yes								
Well Construction Information (To be prov	ided by	licensed w	vell dri	ller or prof	essiona	l engineer)							
This information is used to ensure that Code. This information must be provious water quality will be maintained.														
Location of Well										La	itude	Longitude		
 	NVV INC	Section	Ran	ge [ᆗ╴	ownship		ounty	Degr Minu					
SW SE	SW SE				w		N		Seco	nds				

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Well Construction Inform	nation (continued)									
Well Depth	Depth to Bedrock	An	ticipated Wa	ater Bearing Formation Length of Casing			g	Diameter of Casing		
Will the total installed pumping on the property be 70 gallon		Ye	es N			capacity construc m the Department		al Yes No		
Will a variance to the constru If yes, explain or attach	•	rements c	of NR 812 b	e required	due to site o	or geological cond	itions?	Yes No		
Well Driller or Professional E	ngineer Name				Well Driller	or P.E. Number	Telephone	e Number		
Well Driller or Professional E	ingineer Address						Fax Numb	per		
City		State ZIP Code				le	Anticipated Well Construction Date			
Water Quality / Treatmen	t Information (To be	provided	by license	d well dril	ler or profes	ssional engineer)	•			
This information is used to e water quality problems to en										
Water Quality Concerns in the	— `	,	_		_	_				
Hardness	Iron and Manganes	se	Radiu	ım	Radon	Nitra	te	Bacteria		
Pesticides	Gasoline Compour		Arser	nic	Other ((Explain)				
Where was the information of	on water quality obtaine	ed?								
Will the proposed well const	ruction address the wa	ter quality	/ concerns?	Yes	s \square No					
If there are water quality con										
Operation and Managem	ent Information									
Information has been provide monitoring, the costs of wateregulations. All of this informinformation is used to educate conveyed. Too often lack of drinking water standards.	er system construction, ation is critical for maki te the potential water s	the costs ng an info ystem ow	of operating ormed decis ner and the	g the water ion on con response	system, an structing a r to the quest	d the costs associ non-transient non- ion is used to ider	ated with c community tify that the	ompliance with the water system. The information has been		
Have you read and understoowner's responsibilities, wat							Ye	s No		
Financial Information										
This information is used to end may be shown when the own constructing, operating, and is a primary factor for system informational package provides	ner obtains financing from maintaining a water sys as failing to meet the dri	om a lendi stem can l inking wat	ing institutio be significar ter standard	n. While no nt for some s containe	ot a major co small busin d in NR 809.	ost consideration for esses such as day . Information on co	or some fac y care facili osts can be	cilities the costs of ties. Often financial burden found as part of an		
How will construction of the v	water system be paid for	or?	Le	ending Inst	itution Name	e (If all, or a portio	n, of the wa	ater system will be financed)		
Estimated Annual Monitoring) Cost	Estimate	d Annual Op	perating Co	ost	Estimated	d Annual M	aintenance Cost		
How will the annual costs be	paid for?			How w	vill emergend	cy costs be paid fo	or?			
Certification										
I certify that I have provided	the above information	and that i	t is correct,	true, and o	complete.					
Owner's Signature							Date Co	mpleted		